

<b>Interview Summary</b>	Application No.	Applicant(s)	
	10/526,318	AUERBACH ET AL.	
	Examiner	Art Unit	
	Anne V. Lai	2612	

All participants (applicant, applicant's representative, PTO personnel):

- (1) Anne V. Lai. (3) Sanford T. Colb.  
 (2) Jeff Hofsass. (4) \_\_\_\_\_

Date of Interview: 29 August 2007.

Type: a) ☐ Telephonic b) ☐ Video Conference  
 c) ☒ Personal [copy given to: 1) ☐ applicant 2) ☒ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
 If Yes, brief description: \_\_\_\_\_

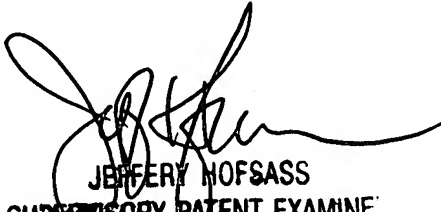
Claim(s) discussed: Independent claims 1 & 18

Identification of prior art discussed: Art of record and Hisano 6,879,257

Agreement with respect to the claims f) ☐ was reached. g) ☐ was not reached. h) ☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: It appears the rejection of record has been overcome with the attached amdt. to be made to clms 1 & 18. Further consideration will be given  
 (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

  
 JEFFERY HOFSSASS  
 SUPERVISORY PATENT EXAMINE  
 TECHNOLOGY CENTER 2600

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required



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August 28, 2007

Examiner Anne Lai, USPTO

Re:    USSN 10/526,318  
      Our ref.: 54281

MEMORANDUM FOR INTERVIEW – NOT TO BE ENTERED

Dear Examiner Lai,

In our interview I would like to discuss the following points:

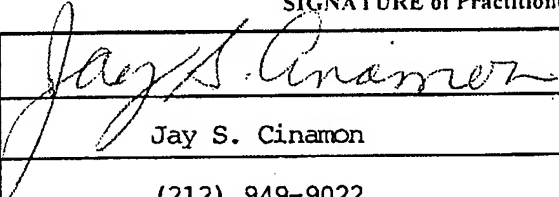
- 1) Whether the cited art indeed meets all of the limitations of present claim 1.
- 2) A proposed amendment to claim 1 reciting "said wireless communicator being located on the inside of said door and, ~~said antenna fixed to and~~ mounted on the outside of said door."

*is wire coupled to*  
Respectfully Submitted,

Sanford T. Colb (Reg. No. 26,856)

Sample Form (09-04)

## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:		AUERBACH, ET AL.	
Application No.		10/526,318	
Filed:		February 25, 2005	
Title:		SMART CONTAINER MONITORING SYSTEM	
Attorney Docket No.		Art Unit:	
206,888		2612	
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p>			
Name		Registration Number	
Sanford T. Colb		26,856	
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>			
SIGNATURE of Practitioner of Record			
Signature			Date
Name	Jay S. Cinamon		August 27, 2007
Telephone	(212) 949-9022		Registration No., if applicable
			24,156

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.